

# HOUSE CALL VETERINARY SERVICES

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## NEW CLIENT INFORMATION

Thank you for giving me this opportunity to care for your pet. Please help me meet your needs better by completing this information sheet. Please note that all professional fees are due at the time services are rendered.

### CLIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse/Other: Last: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-mail \_\_\_\_\_

How did you hear of my service? \_\_\_\_\_

### ANIMAL MEDICAL HISTORY

Pet's Name: \_\_\_\_\_ .

Referral Veterinarian/Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Species(cat,dog,other): \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ . Spayed/Neutered?: (check one) Yes \_\_\_\_ No \_\_\_\_

Description(color): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age(years): \_\_\_\_\_

Amount of time your pet spends indoors/outdoors: \_\_\_\_\_

Last weight in pounds (approximate): \_\_\_\_\_

Does your pet have behavioral problems? No Yes \_\_\_\_\_

Is your pet aggressive? No Yes \_\_\_\_\_

Has your pet ever bitten anyone? No Yes \_\_\_\_\_

Has your pet had any allergic reactions to vaccines or medications? If so, which ones: \_\_\_\_\_

Please list the most recent vaccinations that were given and the date of administration: \_\_\_\_\_

Is your pet on monthly flea/tick/heartworm prevention? If so, which products do you use? \_\_\_\_\_

Is your pet on any medications currently? If so, please list: \_\_\_\_\_

What current/past medical issues has your pet had? \_\_\_\_\_

Is your pet showing any changes in drinking, eating, weight gain/loss, behavior? \_\_\_\_\_

## NEW CLIENT INFORMATION (Continued)

### PREVIOUS RECORDS:

In order to better treat your pet, please contact your previous veterinarian and ask them to transfer any medical records to me. This will help me to provide the best care for your pet. Your pet's records can be emailed directly to me at: [sjames323@hotmail.com](mailto:sjames323@hotmail.com)

### AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described animal.

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.